



Borough of Lancaster.

EDUCATION COMMITTEE.

Annual Report

OF THE

School Medical Officer

FOR THE

Year ended 31st December, 1918.

Lancaster :

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1919.

Children's Care Sub-Committee.

ALDERMAN OGLETHORPE (Chairman).

Alderman PRESTON.	Councillor SEWELL.
„ JACKSON.	„ WALKER.
Councillor Bell.	„ PARR.
„ JEMMISON.	„ GOOCH.
THE MAYORESS (Mrs. Briggs) and MRS. W. CROFT HELME.	

School Medical Staff.

School Medical Officer:

J. D. BUCHANAN, M.B., B.CH., D.P.H.
(who is also Medical Officer of Health).

Ophthalmic Surgeon:

W. SYKES, L.R.C.S., &c.

Dental Surgeon:

(Appointment not yet made).

School Nurses:

MRS. M. EDWARDS.	MISS M. THOMPSON.
MRS. L. RICKETTS.	MISS B. B. THOMS.

(Who are also Health Visitors).

REPORT.

The Medical Inspection of Elementary School Children was continued as in the previous year, the entrants and leavers only being systematically examined. In accordance with the requirements of the Board of Education the eight-year-old group of children should also have been inspected but it is impossible for the School Medical Officer to do so without neglecting his important duties as Medical Officer of Health. Compared with the previous year the total number of inspections shews a considerable diminution due to the fact that the interval between the 1917 and 1918 visits to several schools was less than twelve months. The number dealt with in 1917 was considerably above the average.

The Canteen has not been re-opened since February, 1917. No meals were supplied to school children during 1918.

The total number of children on the roll at the end of the year was 6,274, a decrease of 176 on the 1917 figure.

From May till the end of the year the Ministry of National Service had possession of the Dallas Road Council School the children from which were transferred to Sulyard Street School (boys), the Storey Institute (girls), and High Street Sunday School (infants).

With regard to the sanitary condition of schools and school premises there is not much progress to record. A limited amount of colour-washing was done in a few schools. A beginning was made with the tar-spraying of the playground at Bowerham Council School, and a portion of the yard at Marsh Council School was asphalted.

The dusty condition of several playgrounds is directly injurious to the health of the children and often results in the class-room windows being kept shut.

Attention was given to the heating arrangements at St. Mary's and Bowerham School. The School Medical Department received only one complaint about shortage of coal.

As in the past two or three winters the midday interval was again curtailed during the darker months owing to the inadequate artificial lighting of a number of schools. The illuminating power of the present-day gas is so low that incandescent fittings are absolutely necessary and steps should be taken to provide these before the Autumn. It is hoped also that it may be possible in the future to have windows cleaned more frequently. Bad lighting of school premises helps to swell the number of children referred for treatment to the Vision Clinic.

The School Teachers and Nurses are agreed that the effect on the children of the operation of the Summer Time Act was bad. Quality and quantity in sleep are as necessary as quality and quantity in food, especially for growing children.

The cessation of hostilities and the consequent decrease of female labour and 'munition' wages will have the effect locally of reducing the incomes of working class homes. We may expect and hope for other results, however, such as an increased parental control and a greater attention to the proper feeding, clothing, and cleanliness of the children in attendance at our Elementary Schools. In this respect there is room for great improvement which will only be brought about by the co-operation of the teachers with the School Medical Staff.

With the object of lessening the incidence and mortality from the epidemics of influenza which swept the country in the summer and late autumn the Elementary Schools were closed from July 9th to 12th and from Oct. 22nd to Nov. 15th, with the exception of the following days—Oct. 28th, Nov. 4th, 11th and 12th.

The question of providing one or more special classrooms for observational purposes for dull and backward, and mentally defective

children was considered by the Education Committee and deferred for further consideration owing to the lack of suitable accommodation in connexion with any of the schools. There is a considerable number of these children in the area—it is generally estimated at one per cent. of the total attendance—and many of them are out of place in the ordinary classroom. As a preliminary step towards accurate diagnosis of their mental condition and any recommendation as to after-care, custody, and the degree and character of training or teaching advisable in each case, partial segregation in charge of a sympathetic teacher with special experience of feeble-minded children is both desirable and necessary.

Further progress continues to be made in providing treatment for the defects discovered by Medical Inspection of School Children, the Committee having recently decided to appoint a part-time Dental Surgeon.

In the table of statistics below will be seen figures shewing the amount of work done at the Clinics for the treatment of defective vision and minor ailments.

Reference was made last year to the considerable delay experienced in getting Surgical treatment for remedying unhealthy conditions of the nose and throat. In this direction there was no improvement during 1918, and it may be necessary soon for the Committee to consider whether it is not advisable to make some definite arrangements for dealing promptly with these serious defects which greatly retard the physical and mental development of children suffering from them. Of greater importance is their prevention and much might be done in this direction by the teachers, more especially in the Infant Departments. There is still room for improvement in the teaching of personal hygiene in our schools. One sees too many children with dirty noses, open mouths, and vacant expressions. Many such have no pocket handkerchiefs while many of those who have do not know how to use them properly.

The efforts of the School Nurses in raising the standard of cleanliness have during the past five years met with varying success dependent in a large measure on the co-operation of the teachers. Parents who send children to school habitually with lousy heads, and their number though diminishing is still far too great, need to be stimulated to a sense of their duty and the teacher seems the most likely person to deal successfully with them.

To assist in the process of cleansing dirty heads shampoo powders have been for some time distributed at cost price from the Public Health Office, the Treatment Clinic, and at a few of the Schools. The results of this experiment have been encouraging.

A new Education Act was passed during the year the operation of which will extend the work of the School Medical Department and must inevitably necessitate the appointment of additional staff for carrying out the work efficiently. Sir George Newman, in his Annual Report for 1917, says (page 16):—

“Though some time must elapse before many of the
“provisions of the new Education Act can be brought into
“actual operation, it is extremely important that all Local
“Education Authorities should at once begin to consider the
“character and magnitude of the problems involved and the
“steps that will be necessary if the purposes of this Act are to
“be realised within a measurable time,”

and again (page 21):—

“The fundamental purpose of the new Act is the pro-
“gressive development and comprehensive organisation of
“education available for all persons capable of profiting thereby.
“It is indisputable that the primary factor in such an organisa-
“tion must be the physical factor. A system of education,
“however perfect, must fail if the physical and mental condition
“of the person to be educated be not healthy, responsive and
“alert. Indeed, the association between physique and education
“is even closer, for the education and development of the young

“child is largely a question of bodily nature and nurture. Not
 “only must the body be sound and unimpaired by defect or
 “deformity, but its training and development is an integral,
 “essential, and vital part of all true education. The Local
 “Education Authorities are now in possession of an adequate
 “and comprehensive instrument for achieving these great
 “national ends. The inestimable good which they have
 “accomplished in ten years, with meagre and somewhat in-
 “different machinery, affords good promise of their wise and far-
 “seeing use of the new and enlarged opportunity at the door of
 “which they now stand.”

Statistics.

No. of visits paid by S.M.O. to schools and departments	...	34
„ „ „ homes of children	... ..	39
„ „ Nurses to schools and departments	...	446
„ „ „ homes of children	... ..	2,682
Total No. of children who attended Inspection Clinic (Town Hall)		864
„ attendances at „ „ „		1,111
No. of children examined by Ophthalmic Surgeon	... ..	207
„ „ for whom glasses were prescribed	... ..	144
„ „ who attended Treatment Clinic (minor ailments)		468
Total No. of attendances at „ „		6,326
Average daily attendance	... ..	21
No. of children suffering from Scabies who attended Treatment Clinic	... ..	103
Total No. of attendances of do. who attended for supervision		437

No. of cases of suspected infectious disease notified from schools:—

Measles, 216; Whooping Cough, 85; Ringworm, 13; Scabies, 22;
 Mumps, 17; Chicken Pox, 35; Scarlet Fever, 1; Diphtheria, 2;
 Sore Throat, 16; Other, 198.

*No. of exclusions :—*Scarlet Fever, 8 ; Typhoid Fever, 5 ; Diphtheria, 11 ; Measles, 545 ; Pulmonary Tuberculosis, 49 ; Eye Diseases, 30 ; Ringworm, 33 ; Scabies, 111 ; Impetigo, 12 ; Other conditions, 126.

*No. of children maintained in special schools during 1918 :—*Blind, 2 ; Epileptic, 3 ; Deaf and Dumb, 3 ; Mentally Defective, 1.

No. of meals supplied in 1918	...	...	...	...	...	Nil
„ candidates for half-time exemption medically examined						39
„ exemptions granted...	...	...	...	...	...	19
„ children who passed the labour examination				...	...	52

TABLE I.—NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1918,
TO 31ST DECEMBER, 1918.

A.—“CODE” GROUPS.

	ENTRANTS.					
AGE	3	4	5	6	Other Ages.	Total.
BOYS	1	82	86	52	25	246
GIRLS.....	...	61	86	57	33	237
TOTAL.....	1	143	172	109	58	483

	Intermediate Group.	LEAVERS.					Grand Total.
AGE	8	12	13	14	Other Ages.	Total.	
BOYS.....	Nil.	173	45	1	...	219	465
GIRLS	Nil.	168	40	4	...	212	449
TOTAL	Nil.	341	85	5	...	431	914

B.—GROUPS OTHER THAN “CODE.”

(1)	Intermediate Group (other than 8 years). (2)	Special Cases. (3)	Re-Examinations (i.e., No. of Children Re-Examined). (4)
BOYS	Nil.	162	402
GIRLS	Nil.	306	471
TOTAL...	Nil.	468	873

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1918.

DEFECT OR DISEASE. (1)	CODE GROUPS.		SPECIALS.	
	No. referred for treatment. (2)	No. requiring to be kept under observat'n, but not referred for treatment. (3)	No. referred for treatment. (4)	No. requiring to be kept under observat'n, but not referred for treatment. (5)
Malnutrition	24	10	2	2
<i>Uncleanliness—</i>				
Head	35	69	49	145
Body ... ..	...	3	2	...
<i>Skin—</i>				
Ringworm, Head	5	...	4	...
" Body ... ..	...	...	..	...
Scabies	3	...	3	...
Impetigo	1	...	1	...
Other disease	3	2	1	1
<i>Eye—</i>				
Defective Vision and Squint...	25	25	29	5
External Eye disease	10	8	7	4
<i>Ear—</i>				
Defective Hearing	2	5	7	3
Ear disease	7	1	16	...
<i>Teeth—</i>				
Dental Disease	405	263	28	...
<i>Nose and Throat—</i>				
Enlarged Tonsils	112	72	2	3
Adenoids	5	63	...	...
Enlarged Tonsils & Adenoids...	15	3	18	2
Defective Speech	1	2	..	...
<i>Heart and Circulation—</i>				
Heart disease, Organic	19	19	4	...
" Functional ... ..	...	...	...	...
Anæmia	4	1	...	...
<i>Lungs—</i>				
Pulm. Tuberculosis, Definite...	...	...	...	...
" " Suspected	5	1	2	...
Chronic Bronchitis	9	1	1	...
Other Disease	1	...	1	...
<i>Nervous System—</i>				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	...	...	...
Other Disease ... ..	...	...	...	...
<i>Non. Pulmonary Tuberculosis—</i>				
Glands	4	...	...	...
Bones and Joints	1	...	...	...
Other Forms ... ..	...	...	...	...
Rickets ... ..	...	1	...	...
Deformities	5	...	1	1
Other defects or diseases	5	12	11	22

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN.

Condition.	Number of Defects found for which Treatment was considered necessary.			Number of Defects for which no Report is available.	Number of Defects* treated.	Results of Treatment.			Number of Defects not treated.	Percentage of Defects treated.
	From Previous Year.	New	Total.			Remedied.	Improved.	Unchanged.		
Clothing...	5	...	5	1	4	2	2	...	...	100.
Footgear	1	...	1	...	1	1	...	...	...	100.
Cleanliness of Head	1082	470	1552	119	1059	182	480	397	374	77.3
Cleanliness of Body	33	2	35	1	33	10	22	1	1	98.5
Nutrition	29	29	58	10	45	2	39	4	3	94.8
Nose and Throat	181	66	247	29	179	40	94	45	39	84.2
External Eye Disease	65	126	191	17	174	125	44	5	...	100.
Ear Disease	46	86	132	8	123	83	34	6	1	99.2
Teeth	32	28	60	6	42	5	28	9	12	80.
Heart and Circulation...	102	30	132	13	105	19	74	12	14	89.
Lungs	98	49	147	20	114	8	78	28	13	91.1
Nervous System	8	2	10	...	10	1	8	1	...	100.
Skin	62	237	299	21	278	243	35	...	...	100.
Rickets	1	...	1	...	...	...	...	...	1	...
Deformities	26	10	36	5	20	1	11	8	11	69.4
Tuberculosis, non-pulmonary	7	14	21	2	18	...	16	2	1	95.2
Speech	1	1	2	...	2	...	2	...	...	100.
Mental Condition...	25	13	38	6	32	...	11	21	...	100.
Vision and Squint	137	106	243	33	201	178	16	7	9	96.2
Hearing	37	12	49	6	40	4	27	9	3	93.8
Miscellaneous	115	105	220	24	186	96	76	14	10	95.4
Total	2093	1386	3479	321	2666	1000	1097	569	492	85.8

TABLE V.—INSPECTION, TREATMENT, &c., OF CHILDREN
DURING 1918.

(1) The total number of children medically inspected (whether Code Group, special or ailing child) ...	1,382
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observa- tion (but not referred for treatment)	287
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	665
(4) The number of children in (3) who received treat- ment for one or more defects (excluding unclean- liness, defective clothing, etc.)	179